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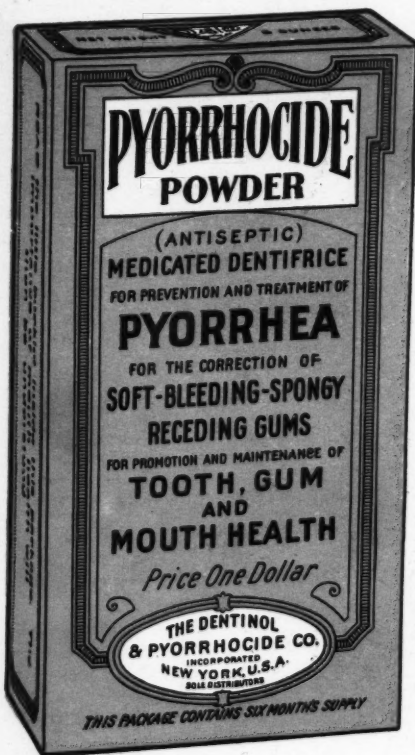
~ A Journal for Dentists ~ 1924



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JUNE, 1924

VOL. XIV, No. 6

The Hygienist

By E. W. Howe



I WAS once the patient of a busy dentist. Certain of the simpler parts of my treatment the dentist turned over to his assistant, a woman . . . She cared no more for me than she cared for a strange dog or cat, but I noticed her gentleness, pity, kindness, patience, and as I walked away from the dentist's office I decided that the finest thing in the world is the gentleness, kindness, pity and patience of women. All of them have a little more of it than men; the best of them, a great deal more. I am a tremendous admirer of women, although I know they have many faults and weaknesses . . . I don't care if they have; their gentleness, pity, kindness, patience, is the finest thing in the world; most mean things a woman knows she learned from men. Every woman has something of the lovable quality of children; and I love children and women devotedly because of their lack of worldly wisdom men know so much about from necessity.

The CHILD

By MOSES JOEL EISENBERG, D. M. D.,
Roxbury, Mass.

*Fellow of the Harriet Newell Lowell Society for Dental Research of the
Harvard University Dental School. Chief in Dental Orthopedics
at Forsyth Dental Infirmary for Children, Boston Mass.*



WHAT greater joy can a dentist wish for than to feel the clasp of a little hand, see the smile on a little face, and hear the gurgle of a little laugh, all denoting that the kiddie has infinite trust in "his" or "her" dentist? What greater proof of the dentist's ability to control his motions so that they become efficient and productive as well as painless?

To hear the prattle of a child sitting in my chair is my greatest joy. It is true proof that firmness can be savored with tolerance. Strictness with a little twinkle in the eye that denotes co-operation, and professional decorum that also lends the warmth of a personal friendship as well as the touch of a bodily servant.

The child's mind is really one of the most complicated and difficult objects for a student in psychology to fathom. It is *all* that an adult mind is, *plus* the imagination that lurks in the growing brain, *plus* the ability to become convinced almost to absoluteness.

A child demands frankness, open-handedness and a moderate degree of explanation. It repels

subterfuge and deceit, and it embraces with a trust and faith, equal to no other state of mind, all that seems logical and friendly. No matter how delicate or painful the work in a child's mouth may be, if it has faith in the dentist the work can be accomplished.

Treat a child as you would a grown-up, and, on the other hand, treat a grown-up as a child. Prattle with the child about his little things in life—don't forget his point of view, for if you can convey your objective to him through terms of his own experience you have conquered that furious monster, Fear.

If you can direct the child's attention to your endeavors by an explanation founded and based on things that are familiar to the child, he receives your point of view from his own and, consequently, co-operates with you.

By all means, be serious and do not attempt to "kid" the child or tease it. The teased child becomes mistrustful and doubtful as to your motives. Its mind becomes bewildered and skeptical and really is on the alert for any doubtful action. This is detrimental to any treat-

the Chair

ment you may give the child or any operation you may perform in its mouth.

Become friendly and let the child feel at home with you. Give it now and then a little toy or picture so that it may feel your appreciation of its good behavior. Just words do not suffice to attract the tots—they demand a demonstration as well.

I disagree with most pedodontists who try to make nurseries out of their offices—even to the floating of celluloid toys in the cuspidors! This, I feel, is harmful, as it counteracts the dignity that your slight commands might bear on the child's mind.

A child respects and loves even to reverence, but it will also have contempt and disgust if it has to look down on you. The child's mind always seeks a higher level for its association, and it is by means of various devices that this is accomplished; but it does not want to be fondled and browbeaten into submission by any toys forced into its mouth to hide an instrument.

Let the child hold a mirror—let it handle an instrument—let it see that it is not a "bogey" to be feared—rather that it is a necessary tool and a means of helping you serve it for its com-

fort. You will be surprised to see how soon it will co-operate with you in your activity.

Place yourself in the child's point of view and see if you would not rather be treated that way.

If a certain operation must be painful, try to accomplish it, not by stealth and speed, but rather by a frank statement of "This will hurt a little now, but you won't have to stay awake all night again." This will, in the majority of cases, ease up the resistance.

Always use local anesthetics freely in the extraction of teeth. Do not "rip" out a temporary tooth because it "wiggles." The gum is perhaps very tender because of the added irritation of a loose tooth.

I find it quite helpful, after anesthetizing the gum, to ask the child to help me extract the tooth by applying his hands with mine to the forceps. Thus, if the confidence of the child is gained nothing will alter his attitude to you.

Faith, Hope and Charity lead the world on by its trilogy. Let Friendship, Helpfulness and Confidence be the trilogy for the dentist's basis code in the treatment of children.



The First State Meeting Devoted Exclusively to

By DeLOS L. HILL, D.D.S.



WE HAD the greatest meeting in the history of the Georgia State Dental Society, from an educational standpoint, last fall. So far as I know, it is the first State meeting of which I have any knowledge which has been devoted exclusively to oral hygiene.

We felt like that this was a matter of such great importance that it was well worth our while to start additional propaganda along that line in this State.

Since this was an educational meeting, the addresses of welcome were made by educators of note in the State, namely, Dr. B. C. Barrow, the chancellor of the University of Georgia; Dr. A. M. Soule, president of the State College of Agriculture, and Dr. J. M. Pound, president of the State Normal School, all of which are located at the point of meeting, Athens, Ga.

One of the features of the program was a paper by Miss Gladys Eyrich, of Jackson, Miss., on "Mouth Hygiene in Schools." Miss Eyrich has had long and varied experience along this line and she has been on many state and national pro-

grams for the last few years. She made a wonderful inspirational talk and it has been productive of a great deal of good.

For the last year, the Georgia State Board of Health has been doing quite a good deal of work along oral hygiene lines with the help of the Georgia State Dental Society. The report on this work made by Dr. Alice Moses, who is head of the Department of Child Hygiene of the State Board of Health, was both interesting and instructive. While the State Board of Health cannot go into the minute details of oral hygiene, they are laying the foundation for what will result in very much better oral conditions throughout the State.

One of the features of the meeting was an inspirational address made by Dr. Otto U. King, secretary of the American Dental Association, who laid special stress on the co-operative work the A. D. A. is doing with the State societies and as a national body. It made the local fellows feel that the national organization is behind this movement, and that any state can get all the help it needed.

One of the out-of-State contributors to the program was Dr. Olin Kirkland, of Mont-

at Meeting to be ely to Oral Hygiene

D.D. Atlanta, Georgia

gomery, Ala., who has devoted a great deal of effort along this line, and who presented a paper on "Prevention of Periodontal Disease as a Health Measure." Dr. Kirkland is the president of the National Academy of Periodontology, which meets in Atlanta in October of 1924 in conjunction with the 1924 meeting of the Georgia State Dental Society. It is needless to say that, from a personal standpoint, he was heartily in favor of the class of meeting we were putting on. His paper was illustrated by a large number of slides showing the different diseases of the mouth which could have been prevented if proper hygienic methods had been used by the practitioner and the patient.

The meeting was continued by Dr. A. A. Lawry, of Valdosta, Ga., with a paper on "Prophylactic Odontexesis." Dr. Lawry has done exceptional work along this line and his ideas were well received.

One of the features of the meeting was a magnificent address on "Health and Education," by Prof. Willis A. Sutton, superintendent of the public schools of Atlanta, Ga. Prof. Sutton is one of the best-known

educators in the whole country. He is more than a superintendent of schools; he is a man in every sense of the word qualified to build citizenship, and realized that the topic we had under discussion throughout this meeting was one of the most vital factors in the building of mankind.

Prof. Sutton is the type of a man who, on this particular occasion, drove 75 miles to meet this appointment, made his address, and, without any dinner, immediately drove 75 miles back to Atlanta to meet another appointment about midnight. He is one of the busiest men in Atlanta today. Since that meeting he has received requests to appear before the American Dental Association at Dallas, Tex., and has already made addresses before numerous dental organizations throughout the South.

One of the high points of the meeting was the address by Dr. Percy R. Howe, assistant professor of dental research at Harvard University, on "Diet—Its Relation to the Development of Teeth and Effect on the Oral Cavity." Dr. Howe's address was illustrated with slides. He

will be at the Atlanta midwinter clinic in March.

The subject of oral hygiene was continued by a paper on "The Industrial Clinic," which was given by Dr. F. B. Saltzman, of LaGrange, Ga., who has had charge of a clinic in the city in which he lives, which is devoted principally to the cotton mill industry. He has a great many operatives under his supervision with a large corps of dentists, and is doing a wonderful work.

He showed his methods of conducting his clinic, which is on the general line of any public clinic, such as the Rochester Dental Dispensary or the Forsyth Infirmary.

Dr. J. D. Osborne, of Atlanta, read a paper which was interpreted by slides showing the ill effects on the oral cavity of inferior or ill-fitted crown and bridgework and how important oral hygiene is under these conditions.

Dr. W. R. Hardin, who has charge of the medical department of the Vocational Trainees and World War Veterans for the Southeast, gave a paper on "What the Government Is Doing to Promote Mouth Hygiene Among World War Veterans." Dr. Charles C. Hall, who had charge of the public school clinic in the city of Atlanta, gave an address on "What the Public Schools of Atlanta Are Doing Along the Lines of Mouth Hygiene." Both were very pertinent subjects and gave the members of the Society an insight into what is being done

from these particular angles.

For a great many years the Fifth District Dental Society has been conducting clinics at the Atlanta Tuberculosis Society of this city. This has been in charge of Dr. R. M. Eubanks, who is at present president of the Fifth District Dental Society. Dr. Eubanks gave a full report as to conditions existing and the work that is being done to overcome them in the anti-tuberculosis clinic in Atlanta along preventive and restorative lines. This work has been conducted for some eight or ten years and the local Society is to be congratulated on this altruistic movement.

Addresses before different educational bodies outside of the Society were made by Dr. Percy R. Howe, of Boston, who addressed the students of the State Agricultural College; Miss Gladys Eyrich, who addressed the Parent-Teacher Association of Athens on her work in hygiene in the schools of her city; Dr. Otto U. King, the secretary of the American Dental Association, before the State University of Georgia, and Dr. Alice Moses, the representative of the Child Hygiene Department of the State Board of Health, before other educational institutions.

Addresses were also made by different members of the organization before the Rotary Club, the Kiwanis Club, and other bodies where an educational program, we thought, would do some good.



INFECTION

from the Mouth

By REA PROCTOR McGEE, D.D.S., Pittsburgh, Pa.

This is text of a radio talk broadcast from Station KDKA, Pittsburgh, Pa.

WE ARE entirely constructed of tissue cells. How many billions there are of them we do not know, but we do know that in certain parts of the body the cells are more likely to become infected than they are in other parts of the body.

We believe that the mouth is more subject to infection than any other part of the body. Whether or not this is entirely true, certainly no one would question the fact that the mouth is one of the most exposed portions of our whole anatomy. All food *must* pass through the mouth and much of our inhaled air *does* pass through it.

The bones of the jaws are very near the surface and are covered in the mouth by mucus membrane and periosteum, the periosteum being the skin of the bone.

In a normal lifetime each person will have 52 teeth—20 of them temporary and 32 permanent—altogether as many teeth as there are weeks in a year.

These teeth are really peculiarly developed bones, and owing to the fact that they must protrude into an air cavity and cannot be surrounded by a soft tissue, as the other bones are, they must be protected, and that protection is called enamel.

The pressure in the mouth is very great. If the muscles of the arm were attached with the same lever arrangement as the muscles of the jaw, anyone could throw a horse over a six-foot fence without increase in the strength that they normally exert.

In the mouth there is a very rich circulation, because there is so much wear and tear that repair must be rapid; as a matter of fact, a healthy mouth recovers more rapidly than any other part of the body after it is injured. Where we have a rich circulation we also have the possibility and probability of a rapid spread of infection. It is quite true that infection from the mouth is spread through the entire system.

The normal work of the

mouth is really all that we should call upon it to perform, yet most of us use our mouths as a sort of third hand—a pair of scissors and a carpenter's chest, to say nothing of a general receptacle for anything that is not being used at the moment. All this extra work tends to carry infected material into an area that should be kept particularly clean.

The remnants of food and debris about the mouth are always potential sources of infection. We know that all infections of the mouth, as well as the other air passages, must begin upon an irritated mucus membrane. Carcinoma, which is the correct term for cancer, does not begin in the body of the bone itself when the jaws are involved, but does begin at the *mucus surface*.

There are many infections of the mouth, such as the various forms of stomatitis, cancrum-oris, noma and gangrene, that come from unclean habits in regard to the use of drinking cups, tooth brushes, pipes, lead pencils and anything else that has been used by another person without being thoroughly cleansed.

Most of the mouth infections tend toward the formation of pus. Pus is the fluid product of inflammation and consists of a liquid in which white blood corpuscles, or, as they are properly called, leucocytes, are found, these leucocytes usually being full of various bacteria which they have attempted to destroy. In this fluid also are the remnants of broken-down body cells which have been liquified by the

ferments produced by the bacteria of pus. It is this poisonous liquid which is so frequently taken up by the circulation and carried throughout the body.

One of the first symptoms of the absorption of the liquid portion of pus is an unnatural fatigue. The patient says that he is "so tired"—that after he has rested he is just as tired as he was before.

If you allow yourselves to have pus in your mouths, or in any other part of your bodies, for that matter, you are wasting your energy, because pus is the enemy of every form of activity. Whether you wish to work or play, pus will rob you of joy and benefit.

If the pus-producing bacteria is taken up by the circulation, which does happen where the resistance of the patient is low, then the condition is even more serious, and may result in the abscesses in almost any part of the body.

Only about one tooth out of five that is abscessed causes any local pain. If the abscesses are allowed to persist, even the removal of the tooth does not effect an immediate cure, because the disease goes beyond the tooth and is actually a disease of the bone of the jaw.

Infection of the bone of the jaw is a very painful and a very destructive disease. We must realize that we have only one set of jawbones, which consist of two maxilla, which together form the upper jaw, and of the mandible, which forms the entire lower jaw. If we allow a preventable disease seriously to

impair these very important bones we cannot ask very much sympathy when our good looks and our good digestion leave us, hand in hand.

Infection from the mouth is no more dangerous than infection from any other part of the body, nor is it any less dangerous. The reason so much is said upon the subject of mouth infection is because the mouth is so frequently infected.

For many years it was generally believed that the mouth was a thing apart from the rest of the body and that diseases of the mouth were in no way related to other diseased conditions. This was very largely due to the almost total ignorance that has existed until comparatively recent years in regard to how disease progresses and how Nature repairs the ravages of disease and injury, and it was owing to the fact that serious conditions of the mouth seemed to act in such a different manner from equally serious conditions in other parts of the body that the rules of procedure were different, and in that difference, by common consent, there grew up the idea that the mouth was a suburb of the general human system that had not yet joined forces with the rest, and was a thing apart.

We know now that this was a very serious mistake. We know that the mouth is one of the most vulnerable points of entry for disease. It is more than likely that over one-half—some authorities say 75 per cent

—of all our diseases enter through the mouth. If it were true that only a few diseases enter through the mouth we should give our mouths very careful attention, but as careful observation and experience have proved that the majority of diseases enter through the mouth we should be doubly careful.

Most of the infections of the mouth are entirely preventable, and as experience has further proved that all neglected infections of the mouth will produce infections of other organs and tissues, it would seem that those who neglect the ordinary precautions of cleanliness and care of this vestibule of the digestive tract would be almost considered a party to the diseases that occur through neglect.

During the War certain diseases were practically outlawed by the government, and it was considered a court-martial offense for soldiers to contract these preventable diseases.

Intensive civilization and the necessity for all of us to maintain our health and our energy if our portion of the world is to move with the necessary rapidity will require us eventually to look with more concern upon the presence of preventable disease. If we will learn to avoid infection where it can be avoided and to get rid of infection at the only time when we can surely get rid of it, which is in the early stage, we will not only benefit ourselves, but will contribute to the general welfare of the community.



DR. J. EDWARD CANNING

Dr. J. Edward Canning was found dead in one of the rooms in his factory in Denver, Colo., on the evening of March 22d. His death was due to asphyxiation, caused by gas escaping from a large gas furnace which he used for annealing metals. It is supposed that he attempted to light this furnace, but the gas jet, which was concealed from view, failed to ignite and the gas, escaping in volume, quickly overcame him. His body was discovered by one of his employees late in the afternoon of the day, which was Sunday. Dr. Canning was 59 years of age, was graduated from the Colorado College of Dental Surgery in the class of 1907. He was the inventor and manufacturer of regulating appliances and other dental appliances which are well known all over the United States, Canada, Europe and other foreign countries. He was also the author of a text-book on Orthodontia. He left one son, a brother and two sisters.



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Beautiful SCHOOLS or Healthy MOUTHS?

By B. A. GOLDBLATT, D. D. S., Rochester, N. Y.

UNDER the caption of "Some Dental Statistics," appearing in *The Pennsylvania Gazette* of March 21st, the writer found some interesting facts which support more than ever the contention that most edentulous mouths in later life are due to neglect, to not practicing early oral hygiene. As the article in question is not lengthy, the writer will quote in full:

The beneficial results of instruction in the care of the teeth, which is given in the public schools and through other agencies, is shown by the statistics obtained from the examination of the teeth of all freshman students at the University. A thorough examination of the teeth was one of the features of the physical examination of all first-year students this year. Dr. R. Tait McKenzie, the director, says that as a result of better home training it is found that whereas 95 per cent of all general hospital patients require dental attention, only 25 per cent of the freshman students at the University are in need of it. In further explanation Dr. McKenzie said:

"The role of defective teeth as a cause of constitutional disease has been assuming more and more importance in medical opinion. Several years ago the Department of Physical Education included the inspection of the teeth in the general examination given to all students

entering the University of Pennsylvania. Where conditions are not normal the student is now referred for further examination and advice to an expert dentist who is attached to the staff for that purpose.

"The first annual report of Dr. Charles W. Riggall, Jr., brings out certain interesting facts. About 25 per cent of those examined showed teeth requiring immediate attention. It is interesting to compare this with the 95 per cent of patients requiring attention in the average hospital clinics. The examination also showed that in 60 per cent of the students devitalized teeth were present. These teeth, so long as the patient's health is good, are useful, but if the constitutional tone is lowered, due to overstudy or any other cause, they become points of lowered resistance and much more susceptible to infection and abscess than sound teeth, and consequently require constant watching.

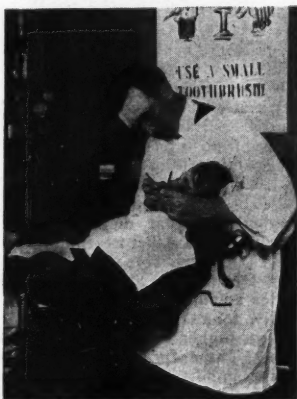
"With few exceptions the students showed that they had had good dental care before coming to college, or were at present undergoing treatment. They showed a smaller amount of dentistry than is usually found at their age, indicating a higher level of mouth hygiene. These facts have brought out the importance of the routine examination of the teeth in students because of this 25 per cent who require attention. In some of the individual cases three or four teeth were found which required immediate attention."

By way of digression, the writer believes that a copy of

these facts would make timely reading matter for the Board of Education of the city of New York—in fact, any other body which may be wavering on the question of whether to continue dental examinations and operative clinics where the present generation of school children of no pecuniary means can go in time of need. The proposal to abolish dental clinics in a metropolis of some six million surely does not augur well for the members of the Board of Education. Does it not seem reasonable, in the light of such information, that provision should be made calling for the presence

of a dental surgeon on every board of education? Surely no one will deny the fact that health is as important an item as education for the schools of this country. We see on every side extravagant school houses and what-not, yet the idea of a dental clinic must in most cases come from charitable sources. The busy business man sees dollars and cents, and, not health and service, as the dentist does.

Beautiful school houses may be monuments for future posterity, but what good are they if they house children who, when full-grown, become heirs to maladies that developed in early life?



Good Cheer Through Good Teeth

The Good Cheer Club of San Jose, California, provides dental services for the needy in this sunny city.

The photograph is used by courtesy of Mr. E. J. McManimon, of the *San Jose Mercury Herald*.



Here's A Good Idea

This letter is reprinted from the Rochester (N. Y.)
Democrat and Chronicle:

To the Editor of the Democrat and Chronicle:

SIR:—In the name of all humanity, will you help to start a ball a-rolling which will benefit every man, woman and child?

I have in mind the urgent need of every person to investigate the need of dentistry. I would like to champion the cause of correct mouths—mouths whose teeth and gums are healthy. For the relation of tooth health to general health is so fine that there appears to be no line of distinction.

Take my own recent case for example. For years I suffered rheumatism, and was under the constant and costly care of a physician. At a friend's request I visited a dentist, where I was told the very first thing: "Your teeth have been sadly neglected." A few corrective measures—painful to a certain degree, yes—and within a very short time my misery completely disappeared. The pain of having my teeth properly attended to was of short duration, and was more than welcomed in the face of pain—unendurably bitter—which had extended over a long period of time, and which had resulted from what one doctor told me was an incurable rheumatic ailment. Cost of dental treatment was \$56; estimated cost of visits to physicians, \$1,500.

While in the dental chair I gleaned volumes of invaluable information about the necessity of a person having his teeth looked after at least once every six months. I was told of a woman who had suffered from some eye trouble for a number of years, and who had her eyes restored to normal through the attention of her teeth. I was told of many ailments to the body which result from "sick" mouths—ailments which are far too numerous to mention in this letter. I'll tell you frankly that that dentist sold me dentistry and the need for dentistry a great many times and over.

Now you know as well as I do that it is very unethical for legitimate dentists to advertise. But, as this dentist told me when I asked him, "I can see no reason why somebody else shouldn't advertise for us."

So I am going to ask you to publish this letter, and request that everybody who reads it send a copy or a clipping of it to some one of their favorite out-of-town papers with the request that that paper, in turn, publish it. You might classify this under the head of free advertising, yes, but I believe you will agree with me that it is humane advertising—or publicity that a newspaper that boasts of your splendid reputation would be proud to undertake.

Permit me to close with the slogan the dentist I have reference to imparted to me: "Good Teeth—Good Health!"



IDEAS for Hygienists

By JOHN PHILIP ERWIN, D.D.S., Perkasié, Pa.

Part IV.—Trumps and Tricks of Teaching Tooth-Truths

NATURAL—we exert the mightiest constructive force when we *admire* and *praise* a lad for his good teeth; when we teach that everyone hates a toothless face, but loves a pearly smile.

Physical force on a boy's pants yields the same results produced by armies and navies—wars and more wars. Permanent peace, good behavior, springs only from the sincere conversion of heart, head and hand.

Say, did you ever see a solitaire diamond on a dirty hand?

Here is a dental dart that always makes a bullseye. It teaches a never-to-be-forgotten lesson.

There is always some bright boy in school who has talent for caricaturing. Have him draw a picture of two pretty maids—one singing, the other dancing, both displaying unsightly mouths. Beneath the picture write:

Sallie sang. Dora danced. Both had loving arms.
But every time they ope'd their mouths they swallowed all their charms.

This dart has been criticized

because of its mirth-provoking element.

Complained one teacher, "It makes the children laugh."

"Say," I replied, "oral hygiene 'ain't no funeral.' What if they do laugh? Laughing never killed a child. Lack of it has wrecked too many lives."

Drive home this truth: Ugly teeth repel, pearly smiles attract. Success just loves a pretty smile. Just one more dart for gospel measure. To teach the lesson that the loss of one tooth means more than the mere tooth itself, use this dart:

Hammer and nails! Oh, what a sin! Take a tooth out and you take trouble in.

Charts or blackboard drawings showing food pockets, impaired articulation, tilted teeth and marred beauty may be effectively used.

There is one passion which interests all of us, namely, good eats. It is a popular appeal. Talk about chicken and waffles, turkey, oyster filling and cranberry sauce, mince pie, lemon meringue, and down the whole menu: say, such talk wakens the sleepest congregation, young and old alike.

Set a tempting dinner before your audience. Then teach that

100 per cent enjoyment of the dinner demands 100 per cent tooth articulation; a tooth missing here and another one there soon cuts articulation down to 50 per cent. Compare the pleasure of eating with a full set of teeth and resultant health to the discomfort of food traps, faulty mastication and intestinal disorders.

The above truths are as clear as sunlight. The "take a tooth out and you take trouble in" doctrine has deterred more people from promiscuous extraction than any single agent I know. Like all right-bowers, it is always a sure trick-taker.

If dental darts are your right-bowers, then your left-bowers are clean-teeth songs.

Shakespeare maintains:

The man that hath no music in himself,
Nor is not mov'd with concord of sweet sounds,
Is fit for treason, stratagems and spoils.

Another author declares: "Let me write your songs and I will write your history."

It is undoubtedly true that music hath charms irresistible, puissant, thrilling, determinate.

Civilization moves forward always to the rhythmic tread of magic music.

Luther's Reformation had its "*Ein Feste Burg*." The French Revolution its "*Marseillaise*."

Sorrowing England, "*Keep the Home Fires Burning*." Our A. E. F., "*Over There*."

The wanderer, "*Home, Sweet Home*."

If music can direct a Refor-

mation, determine a Revolution, dry a nation's tears, fire men to indomitable courage, return the prodigal, then why not employ such a mighty force to hasten the oral hygiene millenium? Surely our cause needs—yes, deserves such a stirring impetus.

There is one weak spot in clean-teeth songs against which you need to guard, namely: with only music, without words, children are not moved to care for their teeth.

The theme exerts but little influence for oral hygiene. It is the words, the story, the lesson, that spur children to care properly for their teeth.

To overcome the above weakness of clean-teeth songs, have children commit the words several weeks before teaching the music. Teach the words as a poem. Explain the lesson. Be sure the words are clearly understood. Review the poem before teaching the music. Sink the words deep into their minds.

To illustrate: When I teach the song, "Oh, Dear Joe," to primary grades, I first tell a brief story of a little boy who was loved by everyone, especially the girls—not because he was rich, not because he could dance prettily, but because he had good teeth and a smiling face.

Then I teach the girls to recite to the boys:

Oh, dear Joe, would you know
Why the girls all love you so?
It's not your riches nor your grace—
'Tis your teeth and smiling face.

(To be continued)



A RADIO Talk to PARENTS

By JOHN W. SHURTLIFF, D.D.S.,
Salt Lake City, Utah



MY TALK this evening is directed to the mothers and fathers who may chance to be listening in—and, by the way, they should be—so they can assist in taking care of the children's teeth.

There is always considerable apprehension if the baby does not get his first deciduous or baby tooth by what is supposed to be schedule time, and yet oft-times little is thought of them after they do appear. Let me state that one cannot set a definite time when teeth should appear any more than the time when the child should walk, so the first tooth's appearance may be fixed only approximately at about 10 to 12 months of age, or even 14 months may elapse before one of the white guard may appear, and that, of course, is an anterior or front tooth.

After the first tooth has erupted the others come along until there are 20 of the white guard, and whether they will belong to the guard of Prince Careful or Careless Castle remains to be seen. Let me give

a splendid rule by which the parent may decide beyond the shadow of a doubt as to whether the child has all of its deciduous or baby teeth, or whether the first permanent molar has yet appeared. Let us keep in mind that the deciduous teeth, when fully erupted, should number 20—10 in the upper and an equal number in the lower mandible or jaw—and that, commencing at the mid-line of the face, there are five on each side in both upper and lower, named as follows: No. 1, the central, which, in the upper, is considerably wider than its fellow guard; No. 2, the lateral, because it is at the side of No. 1; then No. 3, the cuspid, canine, or often called the "eye tooth," although the latter is misnamed, as it does not have any more to do with the eye than any other tooth; this is likewise true of the lower cuspid, which is sometimes called the stomach tooth. The cuspid tooth has one pointed cusp on it. Next No. 4 and No. 5, the first and second premolars, the large ones, which do the grinding, providing they are healthy. If they are full of decay, and after-

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wards, abscesses. Mr. Stomach has to try to do more than his share, and sooner or later is a sick member, due to trying to digest chunks of food which, besides not being masticated properly, is minus the enzymes and other digestive juices, the importance of which is underestimated until the stomach and other organs of the digestive apparatus go on a strike and the patient becomes ill.

When the child is near the age of six or seven the mouth should not only have been under the watchful care of the parent, but also of a competent dentist. And even more care should now be taken, as about this time the first permanent molar should show signs of eruption. Remember, there are five teeth on each side of the mid-line of the face and in each mandible or jaw, so that when we notice a sixth tooth we are positively sure that it is a permanent molar, and the child should be taken to the dentist so the first permanent guard can have its armor examined for holes, which are often in evidence at an early date in eruption, due to false union of the enamel in its pits and fissures.

Some of the bad results of neglect are misshapen mouths, crooked teeth due to the early loss of teeth, due to extraction, thumb-sucking and the deplorable habit, formed by parents, of allowing the baby to use a bluffer; this, above all other neglect, is paramount among the causes of misshapen mouths and faces, and no well-educated parent will allow his children to use them.

It may be necessary at times for the child to bite something hard to assist in dentition, but this can be supplied in the shape of an ivory teething ring, large enough to keep the child from swallowing it. Or one may have to take a sterilized new coin to rub a tooth through the gum tissue. As a rule, I do not advocate lancing the gums, since, if the tooth is not ready to erupt, the wound heals and scar tissue is the result, which makes it much more difficult to erupt.

In conclusion, let me remind you that it is a safe bet to procure the services of a good, conscientious dentist at least twice a year—or even three or four times each year is better.

I thank you.

I HONOR any man who in the conscious discharge of his duty dares to stand alone; the world, with ignorant, intolerant judgment, may condemn; the countenances of relatives may be averted, and the hearts of friends grow cold; but the sense of duty done shall be sweeter than the applause of the world, the countenances of relatives, or the hearts of friends.

—Charles Sumner.

Are You Going to Ha for the Twigh

By E. A. BROWN, D.D.S.



THE first question I would like to ask is: "Why do you practice dentistry?" Is it because your father before you was a dentist, or is it because you thought dentistry a road to financial success?

It has been proved that the financial condition of the average dentist is not such as to attract one to the practice of dentistry. The men who enter the profession could often do better financially in other business.

But now that we are in the profession, are we going to allow the past to govern our future, or are we going to take the reins in our own hands and make dentistry a success financially as well as a technical success? It is true we must adhere to the code of ethics in our practice and not think wholly of finances—but, on the other hand, are we to allow those who are dependent upon us to suffer just because we do not ask a proper remuneration for services rendered?

The doctors, lawyers, brick-

[The average fees for dental services, mentioned by the author of this article, are much lower than obtain in many other parts of the United States.—*Editor ORAL HYGIENE.*]

layers and carpenters have all banded themselves together to form protective organizations. They adhere to the laws of their various organizations and the result is success both financially and in service. Financially, because they receive better fees, and in receiving better fees they feel like putting forth more effort in their services.

All good business today is carried on with a budget system, and it has been found that this is the best way to check profit and loss and to increase efficiency.

To prove to you how important it is, facts have been collected that show 80 per cent of all business failures are due to a lack of knowledge of cost.

How few dentists can accurately compute for us anything near our cost of service! We must live, save and provide all expenses from our practices, yet we have not the slightest understanding of accurate knowledge on which to base our fees.

To prove this statement, facts have been collected by the Research Division of the Dentists' Supply Company, New York, that show 80 per cent of the dental profession have an income so low that if they save every cent and make all collections,

to Have Anything Left Wright Years?

D.D.S.
bury, Pennsylvania

they will have, in old age, just \$10,000, or \$11.53 per week on which to live. Don't you think it is time we answer the question, "Why do you practice dentistry?"

If it is to make martyrs of ourselves, then our dental society has no place in history; but if we are to practice dentistry for the services we render, and receive a proper remuneration for them, then it is time to forge to the front and persuade the public to recognize in us a profession worthy of their esteem and confidence.

The second question I ask you is, "What is your remuneration per hour?"

To arrive at the answer for this question we must return to our college days. Before we started our careers in the dental profession we incurred an expenditure of money which cannot be overlooked.

Reports from various dental

colleges indicate that each student who graduates from a high school represents an investment of at least \$4,000 in support and general preliminary education, and an investment of at least \$2,500 in time and money for dental college education. Therefore, the total investment in education is \$6,500.

But we are not yet equipped for actual practice. We must have an additional expense of \$2,000 for equipment, which brings the total investment to \$8,500. We are now ready to begin practice, but we must incur more expense to do so.

Our overhead expenses, such as rent, heat, light, material, insurance, nurse, etc. — all these must be taken into consideration before we can arrive at remunerative fees. To arrive at a cost basis of running our business, let us give an example.

We will first divide the fee into two parts: Cost and Profit.

FEE.....	{	COST.....	{	1. Direct labor	{	Rent
				2. Direct material		Light
				3. Overhead expense.....		Laundry
						Sundries, etc.
	{	PROFIT.....	{	\$2.50 or any part		
				desired over cost		

ESTIMATED BUDGET (Made from cost items.)

1. Nurse, laboratory man, hygienist, etc. Nurse at \$20.....\$1,040
2. Material: 5% of gross. Gross, \$5,000 at 5%.....250

3. Overhead: Rent at \$50 per month.....	600
Depreciation of equipment, \$2,000, at 10%.....	200
Fire insurance (equipment), \$2,000.....	15
Life insurance (obligation), \$5,000, ordinary life.....	135
Telephone, laundry, gas, water, stationery.....	350
Interest on college investment, \$5,000, at 6%.....	300
Dental society dues, magazines and convention expense.....	300
Sundry expense	150
Total cost per year.....	\$3,340

Average number of income hours now is about 1,000 hours per year.

The cost, \$3,340, divided by 1,000 hours, equals \$3.34 per hour.

If a given piece of work requires ten hours, the cost to your practice would be \$3.34. Your profit is as you desire. On a basis of 1,000 hours, it would require a profit of \$2.50 per hour to give you \$2,500 a year.

This is your salary on which you must live and save for the future. Your fee would be cost and profit, \$3.34 cost plus \$2.50 equals \$5.90—your fee per hour to have an income of \$2,500. If the work required ten hours, the fee would be \$59.

It may be that many of us think that our income hours are more than 1,000, but this has been proved to be the average, and in many instances are considerably less, even with the busy dentist. It is true the dentist may be in his office considerably more than 1,000 hours, but he must compute his remuneration on the time he is actually working.

During the course of the day, how many times is the dentist called to the telephone—some particular friend comes in to speak to the doctor personally—

some one cancels his appointment—or your patient insists upon telling you of his troubles? These instances tend to lessen the dentist's income hours and, since time to us is money, we must reckon with time accordingly.

Time being our watchword, let us take a few concrete examples of some of the operations we perform every day.

Before we proceed, let us not forget it costs us, according to the estimate budget, for a \$5,000 practice, approximately \$3.34 an hour for expenses only.

Let us begin then with the common occurrence of extracting a tooth. It appears the fee of \$1 is the prevailing charge for ordinary extraction by infiltration.

We will say that ordinarily it takes 15 minutes for an extraction, which means that we are charging at the rate of \$4 per hour. Very well—but our overhead expenses are averaging us \$3.34 per hour. Therefore, we have left 66 cents for the services rendered our patient; also for the responsibility we incurred while doing it.

Let us take the same case and administer a general anesthetic. The fee for this operation appears to be \$3 for one tooth.

First to be considered, we have taken the responsibility of the patient's life, by putting him in an unconscious state, for the sum of \$3.

Second, the tooth is extracted. Again the responsibility is taken by the dentist on account of the possibility of an infected condition already being present, or developing later, the possibility of a fracture of the jaw, etc.

Lastly, the patient is revived and must be taken care of until able to leave the office, which may be in a half hour, or perhaps an hour and a half.

At a cost of approximately \$3.34 per hour to defray the expenses of your office, I will let you judge for yourself the remuneration you would receive from an operation such as that I have just cited for which the charge is \$3.

For our next example let us take the amalgam filling, which is one of our commonest operations. The average charge for a simple amalgam filling is \$1. We will take for granted it takes us 15 minutes to place an ordinary amalgam filling.

Again we are charging at the rate of \$4 per hour, but, unlike the extracting, we are using our material, electricity, etc.

Therefore our remuneration is less than 66 cents an hour. It is true we may place three or four fillings during the hour, but the cost price per hour for those operations will be in accordance with the fee of \$1.00 for simple fillings.

The porcelain or silicate filling is another operation from

which our remuneration is slight according to the time required. Granted that in this operation the time required to adjust the rubber dam, prepare the cavity and insert the filling is 20 minutes: for proper results, the filling should be allowed to set for 20 minutes before polishing, which will take an additional five minutes.

Therefore, we have consumed 45 minutes for this operation with an average charge of \$2. You can readily see the injustice we are doing ourselves in rendering the patient such service at such an unreasonable fee and, on the other hand, we are doing an injustice to the patient, so far as service is concerned, if we try to lessen the time of the operation.

The artificial denture is another thorn in the side of most dentists. With an average fee of \$20 for a single denture, or \$35 for full upper and lower, the dentist must put in an average of four hours at the chair for a single denture and three hours in the laboratory, making a total of seven hours' labor, or for full upper and lower dentures, nine and one-half hours.

In the single denture, the dentist is working seven hours for \$20, out of which he must take the cost of teeth, material, etc. If the dentist sends his dentures to the laboratory, it costs him \$3.50 for the making plus the cost of the teeth. Therefore, if he subtracts \$3.50 for the making, \$3 for the teeth and \$2 for material used, from \$20, he has

remaining \$11.50 for four hours' work.

But that is not all. He must figure that the patient often returns once, twice, perhaps three times, for adjustments which will mean an approximate total of one hour from his income hours. Another feature to be considered are the make-overs.

The figures I have given you are for ordinary or, in other words, unscientific dentures. Of these dentures, there is one out of every five that must be made over. This, therefore, brings the ratio of \$11.50 to four hours' work down to approximately \$11.50 to *seven* hours' work.

To do this same operation along scientific lines for the fee of \$20 would be entirely hopeless, as the time required for the scientific denture is increased by two and one-half hours.

These few examples will suffice to show you the income hours of the dentist, what they really mean to him and the unreasonable remuneration he is receiving for them.

Since we have estimated the cost per hour of a \$5,000-per-year practice, let us consider how we may lower the cost cost per hour by proper management of our buying, etc.

The deposit account has become a great saving proposition for the dentist—namely, a \$95 deposit allows him \$100 in merchandise.

For instance, a dentist with a \$5,000 practice purchases approximately \$688 worth of supplies per year, or he turns over

his \$95 six and eight-tenths times per year. The result of the use of \$100 credit this number of times per year is that the practice will make a net saving on purchases, as compared with the cost for the same materials if purchased on 30 days' credit, of \$35, or approximately 35 per cent per year. This will mean a considerable item to the dentist in the course of years and a lessening of his cost per income hour.

The question of buying in quantity is also a great help to the dentist in lowering the expenses of the office. A few examples will show you the approximate saving.

One ounce alloy, compared to five ounces—a saving of	25%
Temporary stopping, per package compared to one dozen packages—a saving of	25%
Silicate cement, one-half portion as compared to full portion—a saving of.....	12½%
Burs, per dozen, compared to one gross—a saving of.....	20%
Broaches, per dozen, compared to one gross—a saving of	50%
Cement, per package, compared to six packages—a saving of	20%
Cotton rolls, 100, compared to 500—a saving of.....	20%

These facts are not to be overlooked when it comes to dental economics, for it is money in the dentist's pocket, and the lower he makes the cost of his income hour, the more profit he will have at the end of the year.

The period for accumulating the competency of the dentist is between the ages of 35 and 55 years.

Of 890 dentists who graduate at the age of 25 years, 82, or about one in every eleven will not live even to enter the great earning period, which begins at the age of 35 years.

By the age of 40 years, one in every eight will be dead, and those living may expect to reach the age of 68 years.

By the end of the great earning period, at about 55 years of age, 245 dentists, or one in every three, will have died, and the survivors may expect to reach the average age of 72 years. Therefore, the dentist has an average of 20 years in which to save enough money for himself to live and have an income after

he is past the great earning period.

The questions: "Why do you practice dentistry?" and "What is your remuneration?" have been asked you and illustrations given that may aid you to answer them for yourselves.

The last and greatest question is, "What is the life for you and yours?" This question depends upon yourself, your foresight and courage to render the best services possible and ask in return the best fee obtainable.

Let us then be up and doing,

With a heart to make our fate;
Still achieving, still pursuing,
Shape our future, 'ere too late.

In the Days of '49.

The *Standard* [Fort Plain, N. Y.] acknowledges with a lot of thanks the receipt from Charles Snell, of Cemetery street, of a number of old-time newspapers, from which we will make excerpts from time to time. The following advertisement appeared in the *Montgomery Phoenix* of October 25, 1849, published in Fort Plain by Levi Backus, a deaf mute. The advertiser, D. S. Kellogg, D. D. S., will be recalled by many of our older readers:

DENTISTRY!!

Dr. D. S. Kellogg, Surgeon Dentist, having returned from his Utopian voyages to California and Wisconsin, would respectfully inform the Ladies and Gentlemen of Fort Plain, Canajoharie and the surrounding country that he may at all times be found at his old stand, a few doors west of the Bank, where he will be happy to wait upon all who may need his professional services.

Nota Bene.—The subscriber will not regulate his tariff of prices to compete with Quacks and Itinerate Tinkers and Cobblers, but will adopt the principle of "Live and let live," performing his operation as cheap as any other Dentist who has sufficient confidence in his own abilities to consider himself competent to fill an elevated and dignified position in his profession, and render by his operations an equivalent for the "price of his hire."

Operations will be performed Free of Charge for those who are unable to pay.

Fort Plain, N. Y., October 18, 1849.

—Fort Plain (N. Y.) *Standard*.

Pedodontia

By **PHILIP R. THOMAS, D.D.S.**, Associate Editor,
Minneapolis, Minn.

*Please address all communications regarding this department direct
to Dr. Philip R. Thomas, 823 La Salle Bldg., Minneapolis, Minn.*

"How Can I Get Started?"



THIS section of ORAL HYGIENE is in receipt of many letters asking for information about the development of a practice in pedodontia. For the above reason, it would seem that a short discussion of the subject would not be out of place at this time.

The substance of the inquiries is about as follows: "How should one go about establishing a practice in pedodontia?" "What should one do to avoid conflicting with men in general practice, and get their co-operation?" "If not too much trouble, will you outline in detail how you conduct your practice, and how do you fix your fees and what are they?" "Does it pay?"

To answer all these and other questions in detail would require a private secretary and take all of one's time, leaving little time for the pursuit of the vanishing beefsteak.

Apparently many members of the profession are interested in this work for children, but do

not know how to start.

It must be apparent that the first essential to success is an earnest desire to do constructive work in dentistry, from the standpoint of prevention and mouth health education.

The work for children, of course, at once offers the most alluring opportunity for such effort. Coupled with this desire must be a love for children and the ability to care for them.

We are required to induce a child to open its mouth and keep it open before we can be of service in doing dental work. Little can be accomplished under forceful methods. For this reason *confidence* is the foundation on which the service is based.

Can you gain and retain a child's confidence?

A very good example of the other manner of handling a young patient, with the after-effect of such treatment, came under observation the other day.

A little girl about two and a half years of age was brought to the office; her coming was

loudly heard down the corridor, long before she reached the office. Inquiry developed the fact that she had visited a dentist a week or two before, at which time it was found that the removal of two deciduous molars was indicated.

The mother assured me that the child was without any sense of fear at the time and willingly climbed into the dental chair. Without any attempt to prevent pain or shock to the patient the molars were extracted under force, and then the mother was referred to me.

We have not succeeded in doing much for the patient to date; a perfectly fine patient was spoiled by having been maltreated. It's pretty hard to beat that kind of experience.

It is necessary to study and practice to become competent to do crown and bridgework, and it is also necessary to study children and their ways to become proficient in their handling.

Many men enjoy children as playthings, but lack the patience, tact, perseverance, personality and self-control necessary to do dental work for them. To such as the above, might we suggest that the little patients be sent where they will be properly cared for?

Are you healthy and have you the kind of disposition which gets you to your office in the morning in the proper frame of mind to put up with the faults and frailties of the child patient? If you can honestly answer in the affirmative then you ought to succeed in pedodontia.

"Smile and the child smiles with you" is almost a truism. Young patients about you tend to keep you young, clean of mind and happy.

Proper office equipment is a great factor in the control and care of children. A bright, clean, light room has a fine effect on both yourself and your patient. Adapt your office to the work you wish to do. The less equipment the children can reach and play with, the greater your peace of mind. Try to make the office a place where children like to go, because you are their friend, and where they have a good time.

After the office is furnished according to what your ideas may be, send out an announcement to both the dental and medical men explaining fully what you hope to do for your child patients. Make it plain that your work will be definitely limited to children, and stick to it.

Be honest with yourself and the other fellow. I know a man, who limited his practice to orthodontia, who told me that he did not have an electric dental engine in his office for fear the dentists might suspect that he was doing other service for patients.

If one has a good general practice, it is not necessary to make an announcement at once about a limited practice, but it can be gradually worked up to the point where it is good business to do so. Then it is possible to refer adult patients to others in such a way as to get

co-operation. Build up the children's work by letting your people know that you welcome young patients in your practice and the news spreads rapidly. It's so different from the usual.

If your practice is at once limited, it may be necessary to take on additional work to fill in time in the mornings. That is where much time is lost, as it is difficult, on account of school hours, to fill in morning time except with children of a pre-school age. Preventive prophylaxis for adults, orthodontia, if one is competent to care for preventive orthodontic conditions, may be suggested as available.

The matter of fees is a subject worthy of much consideration. On account of the lack of education of the public, as well as the attitude of the profession as a whole, it is almost impossible to get paid properly for time spent on children. Any price is too much to pay for something which the profession has belittled as long as can be remembered.

A dwarf fee for a small patient has looked good to the profession as long as father could be made to pay for it in his own bill.

This condition of things, dentally speaking, is improving, however, and it would help if the men who tell parents that the baby teeth, as they are termed, are of no importance, and that teeth should be retained even if badly infected, could hear some opinions expressed by parents when they find out the truth.

For example: the parents of a six-year-old brought it in because the child suffered with toothache and had had a definite attack of rheumatism. Examination of the mouth showed three filled deciduous teeth, abscessed, with definite evidence of pus.

No comment was made other than to advise that the teeth be removed and the infection eliminated, which was done under gas.

The child ran a temperature of 102 degrees for 48 hours after the removal of the teeth. The parents said their dentist told them that a little pus would not affect the child and the teeth must be kept, as the mouth would be spoiled if they were removed.

Do you tell parents that sort of thing? Do you know what to do for a child when presented for examination, or are you still in doubt?

In the name of suffering children, when will the dentists of the world wake up and eliminate infection from the mouth of the child?

Why be so d—— concerned about finding a rarified area in the mouth of the adult and suggest its eradication and give parents the wrong information about the child's mouth infection?

You don't suppose it's because no one has developed a system of bridgework for the child, do you?

How many dentists realize that children have pathological conditions of the bladder and kidneys as a result of mouth in-

fection? How many of those giving advice to parents about children know that children have stone in the kidneys and bladder as the result of foci of infection?

That bed-wetting is often a symptom of infection in the urinary tract due in many cases to mouth conditions?

Then we are asked, "Does it pay?"—Does it pay to be interested in humanity?

Does it pay to be interested in a subject which holds out an invitation to study?

Does it pay to be interested in trying to get a dental square deal for the children?

Does it pay to have mothers thank you for telling them facts

about their children which help them raise healthier and happier children?

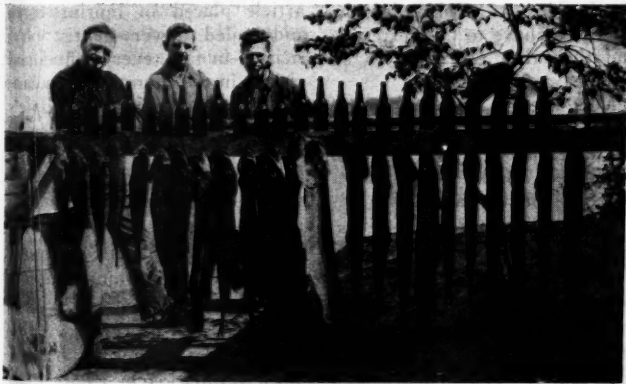
Does it pay to preach the gospel of health for the part of our population that is most neglected of all: the child of preschool age?

Does it pay to feel that your work will endure after you pass on?

Does it pay to take some poor, scared little fellow and show him that the dental office is not necessarily a place to be dreaded and shunned on account of pain and know that he will not write "Liar" on the wall outside your door?

I'm telling the whole world: *it more than pays!*

Fish and Things



Here's a picture of Dr. W. M. Edgar formerly of Chicago, now of Winnipeg, and Dr. H. R. Risinger, formerly of Winnipeg, now of Lansing, Mich. Some morning's catch of Muskalonge, Pike and Pickerel. Note the bait and that too in a prohibition country. The boys write their American dentist friends to come up and they promise them both bait and a better catch even than this.

Here Are Some

My Dear Dr. McGee:



IT HAS been with a great deal of enthusiasm that I have read your recent editorial, "Back to Methuselah." It is the best article on this all-important subject yet published. The faction that will not agree with your article are those who are not doing the people's dental work. I anticipate that you will receive many complimentary letters on this editorial.

It certainly does please me to see an editor take this stand. You are to be complimented on the fact that you are the original one to begin this work which has got to take place. Courses, instead of being lengthened, will have to be shortened, and then they will have to be changed as well.

We have got to come back to fundamentals, no matter what else extra is being taught. We cannot get away from this fact. Are we making any more efficient dentists as a result of the long courses? I fail to observe it if such is the case. It seems to be more of a long-course mania instead. If there are better operators as a result of this training such fact has not demonstrated itself as yet.

I graduated from the old three-year course in 1914, and I believe we were taught about enough theories in those not-far-

distant days. But now, what on earth do they get that is more necessary? Fundamentals are certainly not dwelt on in a like proportion. If such were the case I would say nothing. If they would give them more ideas of the workings of the natural laws, correct living or any fundamental essentials I would be satisfied, because we are all sadly in need of this instruction.

In discussing your splendid article with a high-class physician of my acquaintance, he said he hoped to see the same remarks made regarding the courses of study in medicine in the near future. You are absolutely right, Doctor.

I would be pleased to see your article placed in reprint form and mailed to every dentist, physician—in fact, every influential citizen in the country. We cannot go on spending the people's money for more college buildings, etc., and not give them anything for their money. I would be glad to hear what you think of this reprint idea. You see, I am a gold-foil enthusiast myself, which we think is one of the necessary fundamentals of good operative procedures. This training was, of course, obtained since graduation in a post-graduate study club. I am quite positive that the extra years now in vogue do not necessarily make a better gold-foil operator out of the men than was the case in

ANSWERS

years gone by. We cannot help but admire those good old practitioners who really "made" dental operators in those good old days.

It was almost my good fortune to be connected with one of your eastern schools as an associate professor of operative dentistry this year. Things came up here, after returning in September, which made it imperative for me to forego the proposition offered. In that capacity I was to have been given plenty of responsibility so that I could have given individual attention to the students right at the chair, and in this practical way instill fundamentals right there and then. There is no other way to do proper technical teaching, to my way of thinking. It can be done in the colleges, and will be so done in time to come.

Thanking you personally for this article, I beg to remain,

Faternally yours,

E. R. HILDEN, D. D. S.
Minneapolis, Minn.

My Dear Dr. McGee:

JUST read your editorials in the February number of ORAL HYGIENE.

"Back to Methuselah" is great!

I wish to pat you on the back and yell for you. I see I am not the only one who thinks that they are stretching it too

much. It's a craze with them.

There are plenty who would never be dentists if they went to college all their lives.

If a man can't learn in three or four years, I dare say he never will. Of course, there is much we can learn after graduating. And a good man will learn years after. A man who can't learn enough in three or four years will not learn much more in ten years. It is not in him.

All I want to say is that I wish to let you know someone agrees with you.

I take four dental journals; one is ORAL HYGIENE. I don't want to be without it.

Yours very truly,

C. P. WEINRICH, D. D. S.
San Pedro Sula, Cortez,
Honduras, C. A.

Editor ORAL HYGIENE:

FIRST of all, let me congratulate you on the editorial, "Back to Methuselah," and state that I heartily agree with nearly everything you say. In fact, I differ in such minor details there is hardly any difference at all.

I want to particularly emphasize three paragraphs on page 228. First, the one in which you refer to the rights of the public, and the paragraph following the same and the final paragraph on that page. Again, on page 229,

the next to the last paragraph, in which you state: "The important thing in training dental students is to teach them to be dentists."

The point wherein I disagree with you is in the last part of the editorial, where you appear to accept the one-year pre-dental work. I personally consider that in the great majority of cases it is a year wasted. First of all, it is difficult to get the best universities to accept men in their freshman classes if they know definitely that they are going to remain but one year. It means that most universities would not have the facilities for an over-sized freshman class. Again, everyone who knows anything about the American colleges today knows that it takes a student nearly one year to find himself, and that the first year in a school of letters is one in which the young man is adapting himself to his new university surroundings—joining clubs and fraternities and busying himself with wearing his university colors.

Now to ask the young men of our country who are contemplating studying dentistry to spend one year of their lives in such a manner, I consider wrong. The little knowledge that they gain in that year can easily be included in their first dental year.

I want to disagree with the gentleman from Webster, Mass., who states that he disagrees with the Editor of ORAL HYGIENE. In discussing this very subject he makes statements there that I

do not think should really be honored with printers' ink. He makes the statement that we have been classed long enough with carpenters and plumbers. No one but the dentist himself has ever classed the dentists as carpenters or plumbers. The public has, to my knowledge, for the past 25 years, been only too glad to accord to the dental profession that dignified position to which they are entitled. To *burlesque* this subject is undignified and unprofessional. He states that if the men today must have a college degree of letters before entering the study of dentistry that we will turn out a type of man whom we will be glad to meet and associate with.

I contend that the dental profession for the past 50 years has had men in it that any member of the dental profession should be proud to meet and associate with, and many of them never had the advantage of our wonderful present-day grade and high schools.

He further states that there won't be any advertisers among them. I contend we will have a certain percentage of men who will go down the scale and develop into advertising men just the same as we have had in the past. That last expression of his—"There won't be any advertisers among them"—is like chasing the end of the rainbow.

As a final word, Mr. Editor, let me emphasize the fact that the public knows the need of dentistry. They demand dental care, and if the dental profession, through its institutions of

learning, does not meet the demands of the public, then the public will take certain measures through their legislative bodies to provide for these needs—probably without consulting the dental profession.

Very truly yours,

WM. C. FISHER, D. D. S.
New York, N. Y.

Editor ORAL HYGIENE:



WHAT is the answer?" Well, here is one answer:

In the first place, I believe that it is all wrong to train a lot of nice-looking girls to become dental hygienists whose limit is prophylaxis, and who will only work at it long enough to earn money to furnish a flat, and then get married.

What we need is more dentists, and then still more dentists, because our offices are being crowded with people who need real dental service. We can, and we are, teaching people to clean their own teeth. Let 'em clean them themselves, and let the dentist do useful work. We have not noticed that the medical men have allotted space in their offices for a finger-nail artist; not by a darned sight!—there are too many sick folks for the medical men to look after.

Don't let it be understood that I am not in favor of the dentist doing prophylaxis when it is necessary, but what a waste of good time for a man who has spent five years of his time and all of his father's money to equip

himself to do real constructive dentistry to have to use his valuable time in scaling and polishing some lazy hound's teeth who, if he would give five minutes a day to the correct method of cleaning them himself, would have a far healthier mouth than he can possibly have by going to the dentist or the velvet-fingered dental hygienist once a month.

In order that we, as dentists, may meet the demands being made on us for services, we must work eight hours a day, and *get more of us*, for we all know that as we near the 30-year period as dentists we slow up a little; some have made their pile, and any number of them are working only four hours a day at \$15 per hour, spending the rest of their time playing golf or burning it up on the road.

So then the question is: how are we going to get more dentists? Well, I believe that the course should be three years in place of five. If the dental teachers cannot bring out all there is in a student in three years, then get better teachers, pay them more—get the very best. Don't let any man teach dentistry for the honor of it, or because of his social connections.

Why, I recall one of our professors who could not tell us fellows how to mix plaster; he stammered and mumbled for 10 minutes, and when he had finished we felt that we were facing some complex problem in chemistry. I say get the right kind of teachers and turn the boys out in three years, for it

must be remembered that dentistry has been brought to its present high plane by men who only had three years, and a great number of the best dentists that ever held a handpiece only had two years in a dental college, with perhaps a year with a preceptor who was a mechanical genius and a real teacher.

But, you say, I have only in mind the common ordinary dub dentist. What are we going to do to get the higher type of dentist? Where are our skilled dental surgeons coming from? Never mind, brother! They will come right up out of the common herd, for in every field of wheat you will find here and there stalks growing higher, with a better quality of stem and straw to hold the super-head of grain thereon, and, anyhow, the Editor of O. H. answered your question in the first paragraph in his paper, "The Principles of Oral Surgery," page 32, January number.

He said: "No man has a right to attempt surgery of *any* kind until he has been in general practice for a period of from five to ten years, or longer."

So don't worry about the crop of super-dentists, because they are in the making this very minute, perhaps in an out-of-the-way tank town, or in the heart of a great city; they are plugging away to pay for the elegant equipment one must have in these times before he can begin to render the public the service that is so badly needed.

Now, while we are waiting for the schools to turn out more

and better dentists, there is a way, I believe, that will give us more time for chair or operative work, and that is to relieve us of plate work, the artificial dentures.

Someone has said that we all lose money, and many times a patient, every time we make a set of teeth, no matter how much we get for them. It is a well-known fact that all a great number of dentists do in plate work is to take the impression and bite, and send them to a laboratory, where the denture is made by a man who never heard a college vulcanizer blow off nor raised his voice in the merry songs by the gang when the "prof" was out.

Why not give the laboratory man a chance? Let him take the impression, thus seeing the patient to make a study of the case—resulting in a better fit. Either do that or compel every dentist to make his own from start to finish.

Create a chair in the colleges for the strictly mechanical dentist, dental prosthetics, or any nice name you wish to call it, and, as you say in your article, Mr. Editor, "This would open the way toward the acquirement of the right to take impressions by the laboratory man, which, in turn, would result in prosthetic laboratories, where the edentulous patient could walk in, sit down, have the impression made, the teeth fitted, and walk out again with a complete artificial denture," thus giving the regular dentist time to take on 10 or more patients for immediate

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service that he would, otherwise, have to book ahead.

For my part I think a man has just as good a right to request a surgeon who has just amputated a limb for him to make a wooden leg for him as soon as the stump heals up, as he has to expect the busy dentist to make artificial teeth for people who are through with the dentist. Talk about a step forward for dentistry—here is a pace in the right direction.

So, first of all, let us have real dentists, and many more of them—some dental hygienists for the lazy folks, and enough prosthetic dentists to do the work—then we will all be happier, live longer, and folks will have artificial teeth so natural-looking that they will never need to carry an identification card when they go to vote. What do you say?

L. L. ZARBAUGH, D. D. S.
Toledo, O.

Dear Dr. McGee:



ENJOYED having your letter of December 28th.

There wasn't any doubt in my mind that you didn't mean well in your article in the December issue of ORAL HYGIENE concerning the lengthening of our dental course, and I am sure with the editorial in this month's [February] issue, everyone can clearly understand why you wrote this article. There is no doubt that the student should be

given more privileges and receive full value for the efforts he puts in with the increased course.

But the increase, to my mind, is a revelation just the same. It makes men more efficient. I was a three-year man, and what did I know about extraction when I graduated? I extracted one tooth during my course, and it was a loose one at that.

What did I know about examining a heart? Nothing!

What did I know about dentures? Made three while at school.

What did I know about stomatitis? Very little—hadn't been working in the mouth long enough.

What did I know about plaster impressions? Didn't take one in school.

I was graduated from a Class A school, and during my years there I was working all the time. Today, with the increased course, the students are getting more extractions; they learn how to examine the heart, which is essential; they are getting extensive courses in prosthetic work, more time in clinics, better able to treat conditions of the mouth which many of the three-year course never saw. You can readily see why I am sincere about this matter.

I sincerely believe the sooner we combine with medicine the better.

Sincerely,

JOHN E. LABONTE, D. D. S.
Webster, Mass.

Editor ORAL HYGIENE:

I MUST have missed the December, 1923, issue of ORAL HYGIENE, hence I did not read your editorial on the four-year course in dentistry. But I did read your editorial in the February issue, and fully agree with you. I also read the article by Dr. LaBonte in the same issue on the same question, and, naturally, disagree with him.

I maintain that most of the advocates of the four-, five- and six-year dental course are not frank in their reasons for favoring such increases. I maintain that what is uppermost in their minds is not better qualified dentists, but fewer dentists.

Dr. LaBonte thinks that, by increasing the course, a better, more ideal class of students will be attracted. I disagree with him. My experience has been that the wealthy boy in college is the one who takes the work less seriously. That it is the poor boy who has to make his way through college and who is the one that will be kept out by the lengthening of the course. That this boy is the more serious student and the most appreciative and conscious of his responsibilities as a dentist.

I wish to remind Dr. LaBonte that the progress dentistry has made in this country so far is due to men who got their dental education under a three-year course.

Do away with your commercialized colleges. Provide better paid, and hence more capable,

instructors and you will not need longer college courses.

Personally, I would favor a three-year course, and a one-year dental internship. But, of course, this is another matter.

M. STEINMAN, D. D. S.
Brooklyn, N. Y.

My Dear Dr. McGee:

I HAVE just read your paper on "The Principles of Oral Surgery," and feel that I have been helped considerably by such an article, which, although intended for the specialist, is indeed stimulating to a general practitioner of dentistry such as I am.

On your editorial pages, however, you invite solutions as to how we can best eliminate the shortage of man-power which now exists in dentistry.

For a long time I have been reading of this shortage, frequent reference being made to it by the editor of *Dental Cosmos*, he lamenting the fact that increased educational courses would further decrease the number of candidates for dental degree.

From my acquaintance with dentists in Boston and other parts of New England whom I meet at meetings and conventions I must say that, instead of being a shortage of dentists, there are altogether too many.

In a small nook of a suburb of Boston in which I practice, there are 11 dentists, every one of whom I believe to be a capa-

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ble man, yet there is not one who is doing, or pretends to do, a sufficient volume of business to employ a dental hygienist. Perhaps you will say that I have narrowed this down to a small section, just a wee spot in the country, but let us look around all the suburbs of great metropolitan districts.

Let us look at Philadelphia, or your own city of Pittsburgh, and will you not find there hundreds of skillful dentists, just plodding along, a couple of jumps ahead of the sheriff? "Why?" you will ask. Because there are too many brother professional men who are trying to make a living at dentistry.

I have met any number of old classmates who practice in small cities and towns of New England and New York, and when asked how they are doing, often the answer is that they don't have a minute to themselves, they are so busy—yet further interrogation reveals the fact that they have no assistants whatever in their offices.

Let us consider that dentistry in a sense is just a game of details. It consists of one little movement of the hand plus another, and, as you state, we have but two hands. Can we complain, however, about the shortage of dentists when those two hands in most of the dental offices perform each and every task that takes place there, from the opening and closing of the windows to the regulation of the heating equipment? Go into the majority of dental offices maintained by the man who takes

care of the masses, and there you will find him alone, washing his own cement slabs, keeping his own records, and assisting his feeble old lady patients with their wraps.

Perhaps you will say that this is a view of the city dentist—one who practices in a large cosmopolitan area—and that conditions in the country are different and that a shortage really exists. Perhaps I am speaking now about a condition with which I am not altogether familiar. However, from the bulletins I read of financial conditions throughout the country, the farmer is a pretty prosperous member of society today, and few there are of them who do not own a "four" or "six," so that coming to the county seat to have their teeth fixed, should there be no local dentist, could hardly be looked upon as a hardship.

About the children. In rural districts where children have been neglected, is it not possible for the grange, or local society, to arrange to run a bus to the nearest large center once every month and take a number of children to clinics maintained by state or county?

I trust you will not feel, Dr. McGee, that this is the wail of a disgruntled dentist, but is, in point of fact, a dentist who is looking for truth, and anxious to learn more about the shortage of dentists. When I see most of the dentists in Boston (and I think they are a pretty good lot) all settled nicely, busy a good portion of the time, with hy-

gientist, laboratory assistant and clerical assistant all humming along, then I will feel that there is some ground for complaining of the shortage.

If my arguments run off at tangents and lead to nowhere, I would be very glad to hear of it. I have tried to write on this "decrease in the man-power of dentistry" which editors clamor about, yet which I have failed to see.

Perhaps Christmas debts have plunged me in the depths of despair and I am crying for more patients, when in truth the answer might be—I am a "punk dentist"—who knows?

With many thanks for your ORAL HYGIENE, which has helped me to pass away many hours which might have been spent at the movies, instead of waiting for patients, believe me,

Cordially and
fraternally yours,

WM. DONAHUE, D. M. D.
Dorchester, Mass.

Editor ORAL HYGIENE:



WHAT is the answer?" Simply this: We are making dentistry so hard a profession to acquire that we are eliminating therefrom many really worth-while men.

Dentistry is fast becoming a profession for the rich man only. Our preliminary educational requirements, to begin with, bar many a young man from joining us, and, while the educational standard must be considered,

and it is desirable that the members of our profession be educated men, I feel we have made a mistake in raising the requirements to their present status.

Take the older members of our profession (I am one of them, having graduated in 1901) and compare them with the last several graduating classes; do we suffer so much by the comparison?

I am sure you will agree with me that we do not. I am sure you will agree with me, too, that the men who entered college and graduated when the requirements were much lower are the men largely responsible for making our profession what it is today.

The poor man who takes up the profession is compelled to make good. He goes to college to get his money's worth, and usually is better fitted to practice after graduation than the rich man who doesn't have to count his pennies.

I remember when I was attending college (and I imagine the same holds true today), the boys who could write home to dad for a check at any time, and get it, could be found more often in the poolrooms, or playing poker, and so on, than in the class or clinic.

About a month or less before examination time they would cram and pass by the skin of their teeth. However, they would receive the same diploma that the hard worker would, and go out into the world as much respected.

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by lowering the preliminary requirements, so that if he is qualified to enter high school he is qualified to enter our dental colleges, and you will get men who, when graduated, will be good

dentists, even though they may not be the highbrows we require today.

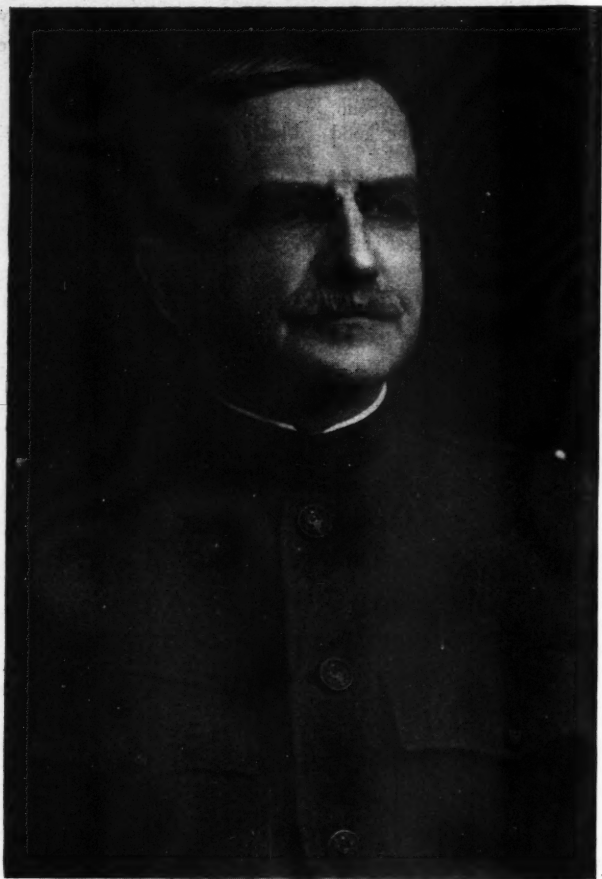
S. ELWIN CONLEY, D.D.S.
Philadelphia, Pa.

This American Dentist Cares for Royal Molars



Dr. Victor Smith, American dentist who has been practising in London for the last 20 years, recently received the appointment as dentist to the Prince of Wales.





COLONEL J. P. HARPER

Born at Fort Madison, Iowa, November 9, 1863. Graduated from Chicago College of Dental Surgery, 1895. Married, June, 1900. Instructor, Marion Sims Dental College, 1895 to 1912. Dean, St. Louis University School of Dentistry, since 1912. Commissioned First Lieutenant Dent. O. R. C., August 4, 1917. Ordered to active duty, September 24, 1917. Commissioned Major, Dental Corps, U. S. Army, February 25, 1918. Honorably discharged December 10, 1918. Commissioned Lieutenant Colonel, Dent. O. R. C., August 25, 1919. Commissioned Colonel, Dent. O. R. C., February 15, 1923.



Lengthen or Shorten the Course?

By A. F. STAMM, D.D.S., Indianapolis, Ind.

The editorial, "Lengthening the Course", in the December number of O. H., brought forth the reflections embraced in this article



OFTEN I wonder how it was possible in olden times, as far back as ten or fifteen years ago, to instill into the refractory brains of so many of us students of dentistry enough knowledge to qualify for the degree of D.D.S. within the short time allotted, then three years.

But I wonder still more when I think of the poor equipment I had, after I had passed successfully all the examinations required, college as well as State Board, and had diploma and license safely under glass, to *qualify* for the title of "Doctor."

I may have a queer twist in my mind, but I can't help it. For me, the title of Doctor embodies the quintessence of learning and acquired wisdom; it may be that impressions of early childhood still linger with me, because then the Doctor was, for me, a man of unfathomable knowledge and deep earnestness, from whose lips the weight of duty had forever banished laughter and whose bespectacled eyes nevermore twinkled even the forerunner of a smile.

I had been a good, average student and had done my best to imbibe and digest all the mental food that was given us. Our college was one of the best, if not the best then, in the Middle West, having as leader and principal teachers men of national reputation.

Yet the feeling of emptiness was there when it came to the practical application of certain subjects that had been part of the curriculum.

The first one about which I began to feel wobbly was the subject of devitalizing teeth and filling root-canals. Since that time x-rays have come into general use as a help to the practitioner who has a professional conscience, and yet I venture to say that, in my opinion, it takes a very bold or a very ignorant man to take this subject lightly and to feel absolutely sure of himself concerning these operations and their results.

Then came the treatment of abscessed teeth. In the currents and cross-currents of leading opinions, as gathered from our dental literature, I soon began to float helplessly around, look-

ing for a life-buoy to keep up my faith in the teachings received.

About pyorrhea, the ebb and tide were just as strong; I managed to keep up my spirits by swimming with the current.

But when it came to oral surgery, involving practical application of tediously acquired anatomical knowledge, I confess that I felt utterly weak and unprepared.

Soon I came to the conclusion that my training was rather rudimentary and that I needed further instruction coupled with practical experience, instead of clinics where the teacher operates, to bolster up my shattered self-confidence and to put me in shape to do things myself, instead of having to depend upon others for operations which I felt it was unsafe for me to undertake.

To me this meant that a longer period of training would have been advantageous if more of the additional time could have been devoted to practice on the subjects mentioned.

I must not have been alone to feel inadequately equipped within the time allotted, for a few years later the four-year course was introduced.

This gave the student much more practical experience by allowing him more time for chairwork. But much of the additional time has been added at the bottom instead of the top of the course, being given to English, elementary physics and kindred subjects, so that the feeling of the graduate leaving college

after a four-year course must not have been very different from that I had when I detected the deficiencies of my three years' college training.

Now that the five-year course is either required or about to be established, better results may be anticipated. The equipment of the young dentist will, without doubt, embrace the scientific subjects more thoroughly; the graduate will emerge into the competitive field better equipped in a general way than his less fortunate older brother was when he had his start. The standards of dentistry will have been raised considerably, theoretically at least. It will make for better dentistry.

But will it help the people in a general way, the wage-earner, the man of limited income, with a family to support? Will it put dentistry within his means? Will the great mass of those needing dental work be benefited to any great extent?

A short consideration of the unavoidable consequences of the continuous lengthening of the dental curriculum will furnish the answer.

A longer course will be a deterrent to many who would otherwise have been willing to enter the profession. This will mean fewer students, fewer graduates. Concentration of the dentists in the cities is bound to follow, because there is no chance to earn an income proportionate to the outlay required for the study in a small place. It means higher prices for dental work, with consequent hard-

ship for the people. To have dental work done will become a privilege of the well-to-do. The middle-class will be driven to the business-like "dental parlor" at an ever-increasing rate of speed and the "ethical" dentist will have to raise his fees still higher to compensate for the dwindling business.

The ideal striven for by the lengthening of the dental course will be utterly defeated so far as service to the masses is concerned, and there will be, without doubt, a reaction that will tend to put safe and sane dentistry again within the reach of everybody.

Of course, the remedy that would cure the impending evil is as easy to point out as it will be difficult to apply: *shorten the course!*

But as we do not want to fall back scientifically, we must find means to shorten the course without curtailing its scientific efficiency, and the only way to do this would be to *specialize in college*.

Do not compel every student to take the same course. The fellow inclined to scientific study, to go deeply into anatomy, physiology, pathology, etc., could take all the subjects that would make him a true doctor of dental surgery. The course, five or six years, could be shaped entirely with this aim in view. This student would not spend one whole year in making a set of artificial teeth and some metal plates and another year of "doing" crown-and-bridge-work to learn the elements of the

craft. A good theoretical grounding in this part of dentistry would suffice for him. Let him specialize in oral surgery, from root-canal filling to the curing of abscesses, extracting of teeth and to the adjustment of fractures.

On the other hand, do not burden the fellow who is plainly mechanically inclined with this same scientific matter which he will never use during his lifetime in dentistry. Let him specialize in prosthetic dentistry if he wants to. After spending four years, perhaps, on the subject, including two years' work on practical cases, he will emerge from college fairly well fitted out for his specialized practice.

The student who wants to specialize on extracting, on prophylaxis, on dental x-rays, on pyorrhea, etc., could be accommodated in far less time than it would take to make, of all, the same thing, to turn all the students out as full-fledged D. D. S.'s.

This would curtail the number of prospective dentists; there would be more plate-makers than oral surgeons, to be sure, but this would be to the best interest of the public.

It is not my intention to go into further details. I am willing to let these be threshed out and settled in a good free-for-all among the warriors of the profession.

That the need of dental work at a comparatively low cost is pressing for many, nobody will deny. Why not satisfy this insistent demand by adequately

equipping men to give that service, men who would have a definite status in the dental field after graduation from a dental college?

A greater number of students would choose the curriculum requiring fewer years. These could be prepared efficiently for their chosen calling within a reasonable time, to the benefit of both, dentist and public, which is as it should be.

I am not unaware of the difficulties lying in the path of any improvement that would necessitate fundamental changes in the arrangement of our colleges

as prevalent at this time. The idea enunciated in this article will by many be denounced as heresy, nonsense — and possibly worse.

Perhaps it may find some sponsors also, even among the profession and the present guardians of the code of dental ethics.

But surely the necessity for a change of some sort will become apparent to all after a few years' trial of the five-year course, and I think that the good of the many will prevail when it comes time to decide on a policy which has such a strong bearing on public health and happiness.

IT IS indisputably evident that a great part of every man's life must be employed in collecting materials for the exercise of genius. Invention, strictly speaking, is little more than a new combination of those images which have been previously gathered and deposited in the memory: nothing can come of nothing: he who has laid up no materials can produce no combinations. The more extensive, therefore, your acquaintance is with the works of those who have excelled, the more extensive will be your powers of invention, and, what may appear still more like a paradox, the more original will be your conceptions.

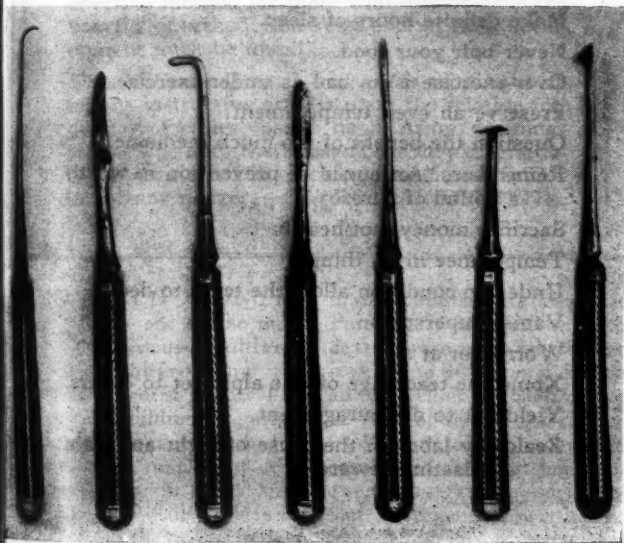
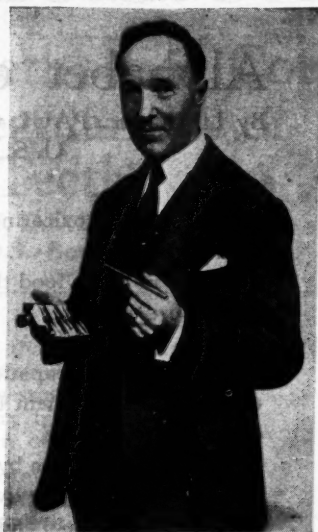
—Sir Joshua Reynolds.

Dental Instruments with a History

Dr. William Bebb, curator of Northwestern University Dental School, at an obscure shop in Paris recently discovered these old dental instruments.

They were used in treating the teeth of Jerome Bonaparte when the latter was King of Westphalia. Jerome Bonaparte's chief claim to fame is the fact that he was a brother of Napoleon Bonaparte.

Wide World Photos



Alphabet of Health

By Lt. Comdr. PAUL G. WHITE, (D.C.),
U. S. N.

- Abstain from intoxicating liquors.
- Breathe good air.
- Consume no more food than the body requires.
- Drink pure water.
- Exercise daily.
- Find congenial occupation.
- Give the body frequent baths.
- Have regular habits.
- Insure good digestion by proper mastication.
- Justify right living by living right.
- Keep your head cool and your feet warm.
- Late hours are a destroyer of beauty.
- Make definite hours of sleep.
- Never bolt your food.
- Over-exercise is as bad as under-exercise.
- Preserve an even temperament.
- Question the benefit of too much medicine.
- Remember, "An ounce of prevention is worth a pound of cure."
- Sacrifice money, not health.
- Temperance in all things.
- Under no condition allow the teeth to decay.
- Vanish superstition.
- Worry not at all.
- Xtend the teachings of this alphabet to others.
- Yield not to discouragement.
- Zealously labor in the cause of right and gain everlasting reward.

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A Simple Method of Correcting Irregularities of the Teeth

By HENRY F. LIBBY, D.D.S., and ARTHUR A. LIBBY, D.D.S., Boston, Mass.

Here is a suggestion that should bring out a very free and constructive discussion. On first consideration the suggestions of the Doctors Libby seem revolutionary, but on second thought the idea becomes worthy of consideration.

One thing is quite certain: the three hundred orthodontia specialists in America cannot take care of the dental irregularities of the millions of children in this country. Some simple and effective method for those who cannot have the benefits of orthodontia in its present high development must be found.

The Military Dental Journal is printing some highly instructive articles upon the relative frequency of caries, based upon Army examinations. The data there assembled should seriously be considered in reaching a conclusion in this important matter.—*Editor ORAL HYGIENE.*



ORTHODONTIA is one of the most serious problems confronting the dentist today. The number of children requiring regulation of the teeth is on the increase. The number of dentists specializing in orthodontia is not adequate really to help in the dilemma; the result is that

many children are neglected. Particularly is this true in the dental infirmaries, where there is either no orthodontic clinic at all or no clinic for children over 12 years of age.

We want to offer a solution, if possible, to this most important question: first, by suggesting that more general practitioners treat their own orthodontic

cases; and second, that the orthodontic department of dental infirmaries adopt a simple, efficient and inexpensive method not yet fully understood by the profession and of which the public is quite ignorant.

We feel that judicious extraction is the key to the present crisis, removing the right teeth, at the right time, for the purpose not only of correcting the irregularities easily, but offering preventive dentistry for the mouth for all time.

Food, service, environment and inheritance are fundamentals in Nature's progress, and these factors are slowly eliminating or changing the organs in the human body.

The dental arch, for instance, is not so wide nor so deep as it was in former generations. This lack of development is due chiefly to the foods of civilized life. Consequently, the teeth become more congested, predisposing them to decay.

To relieve the crowded conditions and to allow for the proper development of the wisdom teeth, or third molars, which should come into service at the age of 17, we suggest, in many cases, the extraction of the four six-year molars between the ages of 12 and 18.

Why the six-year molars? When they appear at the age of six they establish the arch of the permanent teeth, as do the central incisors. In this way they perform a helpful function, but for many generations the dental arch has been diminishing in size and too often it is not sufficient

to accommodate all of the incoming teeth. The six-year molars are regarded by the profession as the weakest teeth in the mouth; therefore, they are the ones to remove when more room is needed. At the age of 12 four molars appear, adding more pressure upon the already crowded teeth in the arch.

After many years of observation we have become convinced that the wisdom teeth, when allowed to develop, are of better quality than the six-year molars. To allow for their proper development, obstructions should be removed. We believe the four six-year molars to be such obstructions. Why remove four? Because the same order of teeth appear uniformly, that is, in fours (and hence their removal should be uniform, that is, in fours), in order to furnish the proper chewing balance and uniform adjustment.

We are no longer in doubt as to the size and position of the third molars. The skiagraph will show these facts if taken at 12 years of age, and in some instances earlier. We recommend the lateral head for diagnostic purposes, as it defines the relative position of the molars more clearly. If extraction of the six-year molars is indicated, appliances should be adopted immediately following the extraction, in order to take advantage of the spaces made by the removal of the six-year molars. Many times the simple extraction of these molars is sufficient, without the use of appliances, to correct the irregularities. Nature responds

wonderfully to the physical needs when allowed the opportunity.

May we enumerate the advantages of this simple process? It relieves the crowding and over-lapping of the anterior teeth, lessens caries, lessens materially the time required to regulate the deformities, lessens the strain upon the nervous system, lessens greatly the expense for such operations, and lessens the number of devitalized teeth. Furthermore, it eliminates the danger of impacted third molars. By such removal the remaining teeth are better preserved by

fillings, and the sockets are strengthened, offering preventive forces to pyorrhea alveolaris.

We urge the dentist to consider the scientific value of this theory for the relief of suffering humanity and to realize fully the subtle effect of the unseen force in the development of the third molar, that has upset the hopes of many orthodontists.

We publish this article at our peril, knowing full well the attitude of the modern dentist, and particularly the orthodontist. Our hats are in the ring, for we have proofs of our convictions—proofs of 40 years' experience.

Dental Research At Mellon Institute

Director E. R. Weidlein, of Mellon Institute of Industrial Research of the University of Pittsburgh, has announced the establishment by E. R. Squibb & Sons, New York, N. Y., of an Industrial Fellowship that has for its purpose the investigation of problems relating to the chemistry of preventive dentistry. Plans have been formulated for the study of the following problems: (1) relation between composition of saliva and dental disease; (2) effect of different diets upon composition of saliva; (3) action of acids upon enamel; and (4) physical and chemical properties of the tooth. The results of these investigations will be published from time to time, as the progress of the work seems to warrant.

The incumbent of this Industrial Fellowship is Dr. C. C. Vogt, who has been a member of Mellon Institute, engaged in research on various dental problems by Lee S. Smith & Son Manufacturing Company, since 1914. The resources of dentistry and chemistry will be combined for the solution of important dental problems.





Russian and Japanese Relief

RUSSIAN RELIEF

AMERICAN DENTAL ASSOCIATION

Arkansas State Dental Society—*Cash	\$ 5.00
California State Dental Society—*Cash.....	685.10
Colorado State Dental Society—*Cash.....	302.50
Connecticut State Dental Society—*Cash	400.00
District of Columbia Dental Society—*Cash.....	100.00
Florida State Dental Society—*Cash	200.00
Georgia State Dental Society—*Cash	50.00
Illinois State Dental Society—*Cash.....	2,104.00
Indiana State Dental Association—*Cash.....	233.00
Iowa State Dental Society—*Cash	110.00
Maryland State Dental Society—*Cash.....	5.00
Massachusetts State Dental Society—*Cash.....	5.00
Michigan State Dental Society—*Cash	5.00
Minnesota State Dental Society—*Cash	20.00
Mississippi State Dental Society—*Cash.....	200.00
Missouri State Dental Society—*Cash.....	10.00
Navy Dental Corps—*Cash.....	2.00
New Jersey State Dental Society—*Cash.....	10.00
New York State Dental Society—*Cash.....	\$880.00
Irving E. Strong, New York City.....	5.00
	<hr/> 885.00
North Carolina State Dental Society—*Cash.....	300.00
North Dakota State Dental Society—*Cash.....	10.00
Ohio State Dental Society—*Cash.....	512.50
Oklahoma State Dental Society—*Cash.....	4.00
Pennsylvania State Dental Society—*Cash	\$217.00
Eastern Dental Society of the City of Philadelphia.....	357.50
Odontological Society of Western Pennsylvania.....	101.00
	<hr/> 675.50
Porto Rico Dental Society.....	50.00
Southern California Dental Society—*Cash.....	632.00
South Dakota State Dental Society—*Cash.....	11.00
Tennessee State Dental Society—*Cash.....	90.00
Texas State Dental Society—*Cash	214.00
Washington State Dental Society—*Cash.....	10.00
West Virginia State Dental Society—*Cash.....	2.00
Wisconsin State Dental Society—*Cash.....	615.00

Total amount received from State societies.....	\$ 8,457.60
*Contributions paid direct to Dr. Aguilar, Madrid, Spain.....	2,604.00

Total, American Dental Association, April 10, 1924.....\$11,061.60

AMERICAN DENTAL TRADE ASSOCIATION

*Cash	\$5,462.00	
Harmeyer-Brand Company, Cincinnati, O.....	25.00	
Easton Dental Supply House, Easton, Pa.....	10.00	
		5,497.00

FOREIGN

*Cash	\$7.17	
George E. Payne Philpots, Victoria, Australia.....	4.25	
		11.25

Total collections to April 10, 1924.....\$16,570.02

JAPANESE RELIEF

AMERICAN DENTAL ASSOCIATION

*Cash	\$1,125.00	
New Mexico Dental Society.....	5.00	
		\$1,130.00

DENTAL INSTRUMENTS, BOOKS, MAGAZINES AND SUPPLIES

*Additional instruments, books, magazines and supplies received:

- S. S White Dental Manufacturing Company, Chicago, Ill.—(Instruments).
- S. Yoshino, Chicago, Ill.—(Magazines).
- J. S. Frost, Burlington, N. C.—(Instruments).
- A. W. Blunt, Clinton, Ia.—(Instruments).
- Unknown—(Two packages of magazines).

*Itemized list of contributors given in previous reports.

I DO NOT belong to the amiable group of "men of compromise." I am in the habit of giving candid and straight-forward expression to the convictions which a half-century of serious and laborious study has led me to form. If I seem to you an iconoclast, I pray you to remember that the victory of pure reason over superstition will not be achieved without a tremendous struggle.

—Ernst Haeckel.



Editorials

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The American Dental Association



OWA and New York rebelled on the raise in dues of the American Dental Association.

So far as I can see the whole fight was a political move on the part of Harvey Burkhart and Roscoe Volland.

It is unthinkable that the dentists of New York and of Iowa would secede on account of one more dollar per year dues. The fact is the dues of the American Dental Association should be ten dollars per year.

Dr. C. N. Johnson acted as peacemaker and restored the erring members to the fold.

The House of Delegates should declare two vacancies in the board of trustees and make it generally known that ward politicians are *persona non grata*.

The last time I had occasion to call attention editorially to Dr. Burkhart's political maneuvers he objected because I did not use his name—so here it is.

The self respect of the New York Dental Society and the self respect of the American Dental Association will greatly be enhanced by the retirement of the gentleman from Rochester.

The Army Trains Military Hygienists

IT is obviously impossible for the U. S. Army to employ a sufficient number of dental hygienists to administer dental prophylaxis to the enlisted personnel.

There are not enough dental officers to do the regular dental work, without the added time and energy needed for prophylaxis.

To meet this need the Army Dental School is training enlisted men of the Medical Corps to function in this capacity.

Under the direction of Lieutenant Colonel R. E. Ingalls, the following course is being given:

a. Hygiene.

- (1) Digital exercises on models with hand instruments to develop dexterity.
- (2) Design and use of all instruments employed.
- (3) Manipulation of engine and chair.
- (4) Handling of patients.
- (5) Proper operating position.

- (6) Protection of self and patient during dental prophylaxis operation.
- (7) Care of hands and nails.
- (8) Scaling teeth and removal of tartar after treatments.
- (9) Proper application of medicines, mouth sprays and washes necessary in this work.
- b. Sterilization.
 - (1) Methods, advantages and disadvantages: boiling water, steam under pressure, sterilizing fluids, molten metals, and actual flame.
 - (2) Sterilization of instruments and appliances such as mouth mirrors, handpieces, impression trays, etc.
 - (3) Sterilization of wearing apparel: gowns, towels, bandages, cotton and cotton rolls.
- c. Office Sanitation.
Instructions as prescribed at the Dental Clinic, Walter Reed General Hospital.
- d. Care and Knowledge of Instruments and Equipment.
 - (1) Care of equipment, electric and otherwise.
 - (a) Oiling and cleaning.
 - (b) Importance of disconnecting electricity, cutting off water and gas when not in use.
 - (c) Regular inspection of connections.
 - (2) Care of instruments and appliances.
 - (a) Edges of cutting instruments.
 - (b) Sharpening of instruments.
- e. Records.
 - (1) Monthly dental reports, Form 57, M. D.
 - (2) Nomenclature as pertains to dental reports.
 - (3) "Register of Dental Patients", card, Form 79, M. D.

The Canadian Dental Association



HIS very kind invitation should take many members of the A. D. A. across our northern border in August:

The Canadian Dental Association will hold its next Convention in Vancouver, B. C., during the week of August 4th, 1924.

The local committees, under Dr. W. J. Bruce, Chairman of Executive, Birks Bldg., Vancouver, are arranging an interesting programme. As the meeting takes place in the summer vacation, any dentist planning a trip through the Great West or to the Pacific Coast would be well advised to make this his objective.

Information regarding reduced railway fares and routes of travel can be secured from:

Dr. C. A. Kennedy, 86 Bloor St., W., Toronto.
President, Dr. S. W. Bradley, Ottawa, Canada.
Secretary-Treasurer, E. A. Grant, 240 College St., Toronto,
Canada.

There should be the closest co-operation between the Canadian Dental Association and the American Dental Association.

WHEN we succeed in adjusting our social structure in such a way as to enable us to solve social questions as fast as they become really pressing, they will no longer force their way into the theater. Had Ibsen, for instance, had any reason to believe that the abuses to which he called attention in his prose plays would have been adequately attended to without his interference, he would no doubt have gladly left them alone. The same exigency drove William Morris in England from his tapestries, his epics, and his masterpieces of printing, to try and bring his fellow-citizens to their senses by the summary process of shouting at them in the streets and in Trafalgar Square. John Ruskin's writings began with "Modern Painters," Carlyle began with literary studies of German culture and the like; both were driven to become revolutionary pamphleteers. If people are rotting and starving in all directions, and nobody else has the heart or brains to make a disturbance about it, the great writers must.

—George Bernard Shaw.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

"Bill never goes to sleep in church."

"Some listener!"

"No. Some golfer!"

◆ ◆ ◆

PETER: "I'm writing a song."

PAUL: "Yes? What's the subject matter?"

PETER: "It doesn't."

◆ ◆ ◆

A man came home to the wife of his bosom in the wee sma' hours and proceeded to disrobe. "John," said his wife, "you haven't got your undershirt on. You were wearing it when you left this morning. I'm perfectly sure." Her spouse glanced down for a moment, puzzled and guilty. Then, like a flash came the inspiration. "Good God," he said, "I've been robbed!"

◆ ◆ ◆

BOSS: "Sir, what does this mean? Someone just called up and said that you were sick and could not come to work today."

CLERK: "Ha, ha! The joke's on him. He wasn't supposed to call up until tomorrow."

◆ ◆ ◆

"Hello, old man! Who are you working for now?"

"Same people. Wife and five kids."

"Is this a portrait of your fiancée?"

"Yes."

"I suppose she must be very wealthy."

◆ ◆ ◆

RASTUS: "Ah wants a divorce. Dat woman jes' talk, talk, talk, night an' day. Ah cain't get no rest and dat talk am drivin' me crazy."

YOUNG LAWYER: "What does she talk about?"

RASTUS: "She doan' say."

◆ ◆ ◆

Little Lucy had just returned from the children's party and had been brought into the parlor to be exhibited before the dinner guests. "Tell the pretty ladies what mama's darling did at the party," urged the proud mother. "I frowed up," said Lucy.

◆ ◆ ◆

Conversation in a drug store:

"Gimme a tablet."

"What kinda tablet?"

"A yellow one."

"But what's the matter with you?"

"I want to write a letter."

◆ ◆ ◆

FIRST LITTLE GIRL: "Do you believe there's a devil?"

SECOND DITTO: "No! It's like Santa Claus. It's your father."